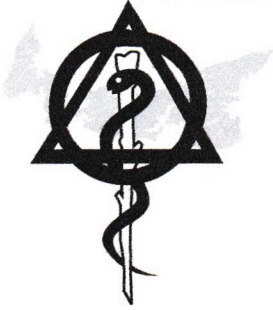


**DENTAL COUNCIL
PRINCE EDWARD ISLAND**



184 Belvedere Ave
Charlottetown, PEI C1A 2Z1

Tel: (902) 892-4470
Fax: (902) 892-4470
dapei@pei.sympatico.ca

FOR OFFICE USE

Date application received: _____

Approved by: _____

Date license granted: _____

Registration No. _____

Every false statement knowingly made by the applicant in this paper, or connived at by him/her in any clause in this application, is good cause for rejection of application or for revocation of license after license has been granted.

**APPLICATION FOR REGISTRATION
(Please Print)**

PERSONAL DATA

1. NAME _____
(First) (Middle) (Surname)

2. BUSINESS ADDRESS _____
_____ POSTAL CODE _____

TEL: _____ FAX: _____

EMAIL ADDRESS: _____

3. PLACE OF BIRTH: _____ DATE OF BIRTH: (M/D/Y) _____

PRE-DENTAL EDUCATION

4. SECONDARY SCHOOL (Last one attended):
NAME _____ LOCATION _____

5. COLLEGES OR UNIVERSITIES ATTENDED:

Name of Institution	Location	Diploma or Degree	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DENTAL EDUCATION

6. DENTAL SCHOOL ATTENDED:

Name of Institution	Location	Diploma or Degree	Dates	
			From	To
_____	_____	_____	_____	_____

7. GRADUATE DENTAL SCHOOLS ATTENDED:

Name of Institution	Location	Diploma or Degree	From	Dates	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ARE YOU A MEMBER/FELLOW (i.e. Part I/Part II) of the RCDC? IF YES, WHAT CATEGORY?

8. NDEB CERTIFICATE NO. _____ DATE ISSUED _____

(Attach copy)

NAME

9. HAS YOUR SURNAME EVER BEEN CHANGED?
IF YES, DATE AND PLACE OF SUCH CHANGE _____

ORIGINAL SURNAME _____

LICENSE

10. LIST OTHER JURISDICTIONS WHERE YOU ARE OR WERE LICENSED TO PRACTISE.

PRACTICE LOCATIONS/INFORMATION

11 LIST ALL LOCATIONS IN WHICH YOU HAVE PRACTISED DENTISTRY SINCE GRADUATION.

Address	From	Dates	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12 LIST NAMES AND ADDRESSES OF DENTISTS BY WHOM YOU WERE EMPLOYED SINCE GRADUATION.

Name	Address	From	Dates	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IT IS UNDERSTOOD AND I HEREBY AUTHORIZE AND GIVE CONSENT TO THE DENTAL ASSOCIATION OF PRINCE EDWARD ISLAND TO CONTACT ANY OF THE ABOVE PRACTICE LOCATIONS.

PROFESSIONAL LIABILITY INSURANCE

13. STATE PROFESSIONAL LIABILITY (MALPRACTICE) INSURANCE CARRIER _____
_____ EFFECTIVE DATE: _____
AMOUNT: _____ (*Attach proof of malpractice insurance coverage*)

LICENSE STATUS

14. HAS ANY LICENSE ENTITLING YOU TO PRACTICE DENTISTRY EVER BEEN REVOKED OR SUSPENDED?
YES _____ NO _____

IF YES, GIVE FULL DETAILS: _____

15. HAVE YOU EVER BEEN REFUSED A LICENSE BY ANY JURISDICTION (IN ANY HEALTH CARE FIELD) TO WHICH YOU HAVE APPLIED TO PRACTICE?
YES _____ NO _____

IF YES, GIVE FULL DETAILS: _____

16. WHILE ATTENDING AT A POST-SECONDARY INSTITUTION, HAVE ALLEGATIONS OF MISCONDUCT, INCLUDING ACADEMIC MISCONDUCT, EVER BEEN MADE AGAINST YOU OR HAVE YOU EVER BEEN SUSPENDED, REQUIRED TO WITHDRAW, EXPELLED OR PENALIZED BY A POST SECONDARY INSTITUTION FOR MISCONDUCT?
YES _____ NO _____

IF YES, GIVE FULL DETAILS: _____

CRIMINAL OFFENCE

17. HAVE YOU EVER BEEN CONVICTED OF, OR INDICTED FOR ANY CRIME? YES _____ NO _____

IF YES, STATE THE FACTS IN THIS CASE: _____

ILLNESS

18. HAVE YOU EVER BEEN TREATED FOR MENTAL ILLNESS, DRUG ADDICTION OR ALCOHOLISM?
YES _____ NO _____

ARE YOU FREE FROM CONTAGIOUS OR INFECTIOUS DISEASE? YES _____ NO _____

GIVE FULL DETAILS: _____

DECLARATION

I HEREBY SOLEMNLY SWEAR:

1. That I am willing to uphold the honor and dignity of the Profession of Dentistry, and if registered as a member of The Dental Association of Prince Edward Island, will do so, and
2. That I undertake upon such Registration that in the course of the practice of the Profession of Dentistry I will practise the Profession in a professional and becoming manner and in accordance with the Act and the By-Laws of the Association; and
3. That the statements made in the items number 1 to 18 inclusive above are true.

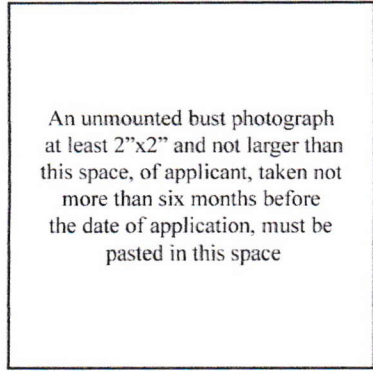
I make this solemn declaration, conscientiously believing all the above statements to be true and knowing that it is of the same force and effect as if made under oath.

Country of _____

City of _____

Province of _____

This _____ day of _____ 20____



Signature of applicant

A commissioner for Oaths, Notary Public, etc.